



AZ Medicaid Technical Consortium Meeting

October 6, 2004

3:00 PM to 4:00 PM

AHCCCS 701 E. Jefferson St. – 3rd Floor - Gold Room

Meeting Hosted By: Lori Petre, AHCCCS

Attendees:

(Based on sign-in sheets)

ADHS

Jerri Gray

Brian Heise

C.J. Major

AHCCCS

Dick Azzi

Peggy Brown

Deborah Burrell

Barbara Butler

Deborah Copeland

Chris Herrick

Ester Hunt

Dennis Koch

Dora Lambert

Dan Lippert

Lori Petre

Lydia Ruiz

Carrie Stamos

AHCCCS Cont.

Linda Stubblefield

Mike Upchurch

Nancy Upchurch

AmeriChoice

Barbara Nelson

Beth Ptak

APIPA

Lucy Markov

APIPA, cont.

Charles Renew

Care1st

Bill Hobbs (tele-confer)

COCHISE

Marcia Goerdt (tele con)

DES

Marcella Gonzalez

Major Williams

DES Cont.

Nicole Yarborough

Healthchoice AZ

Jessica Lennick

MCP & Schaller

Cathy Jackson-Smith

Walter Janzen

Melonie Jones

Anne Romer

Art Schenkman

PHP

Wayne Foster

United Drugs

Rand Skelton

UFC

Kathy Steiner

Jean-Marie Warner

John Valentine

Yavapai County

Dave Soderberg

Welcome (Lori Petre):

We'll go ahead and get started. Hopefully we can get everyone out of here before 4:00 p.m. For everybody on the phone, we will try to make sure the person on the phone can hear despite the air conditioner noise; we had some problems with that yesterday. Everyone should have a package. There are various materials in the package. We will try to go through those in some order. The previous meeting minutes aren't in this package. We will get the meeting minutes to you. We apologize for that. We will start with some follow up items.

Outpatient Fee Schedule Project Status (Lori Petre:)

We wanted to let those who were unable to participate in the Outpatient Technical meeting, know there is one issue with the project, the finalization of requirements. Thereby, our finalization of the System Proposal within the ISD unit has been delayed. That will be something that both the Customer Area and Mike's ISD team will be working on to get it finalized within the next two weeks. We will then get the final System Proposal out to everyone in that group and in turn, the key contacts in this group. As a result, an adjustment to the timeline has been made to reflect Pilot Testing will now begin February 1st, rather than January 1st. Mike is still confident that they can get it nailed down and get moving on it pretty quickly.

The next meeting of the Outpatient group will immediately follow the meeting of the AHCCCS Technical Consortium on November 9, 2004. As always, you are all welcome to attend that, also, if you're not normally part of that group. At that meeting, we will be walking through those final System Proposal documents, as well as reviewing a list of any issues that we still know are open.

The next three follow-up items are the AHCCCS Member ID Change, BBA and TPL verification. Dennis will share a little about where they are with these.

AHCCCS Member ID Change (Dennis Koch):

We'll be sending out a file. If you look at the handout, old ID, new ID, Name, Gender and Date of Birth will be included. We'll be sending out a flat file for everyone. Do you have any questions on that, that's what it's going to look like?

HP – We have a question about the rate code.

Dennis – I'll see if we can add that. I'm not sure how complex that is, but I'll check to see if we can add the rate code.

ACTION ITEM (A-834-00400) – Verify whether Rate codes can be added to Member Id Xwalk flat file.

Dennis – There were some of you who wanted the ID changes to not be sent on an 834 on the same day. Unfortunately, we can't do that. What we will do is on the segment IS-04, the Maintenance Reason code, we'll put an XT, which I don't think is being used. On the Add/Delete, we'll put in an XT. You can do whatever you want from that perspective.

HP – Can you clarify whether you mean to cut it over strictly by region of HPs, or will you cut it over on a per-plan basis?

Dennis – We're looking doing it over 2 or 3 weekends. Certain plans will be done on 1 week because of their size. The rest will be done over the remaining weekends. We're trying to come up with a schedule now. That's what our first cut is. Mercy Care and API have the lion's share of the changes, so we'll probably run those two one weekend and the next weekend, we'll do all the other plans. You'll get the whole thing in one run. On the same day you get the 834 you'll get the cross referenced file, too.

HP – In the discussion with Operations on how we're planning to do this, they asked whether after we've done all the transfers, fast forwarded to March, and we get a new-enroll record for a member that's gone

through the transfer, how will we link back up that old history and the new ID number at that point? That will cross the time frame with the crosswalk. Will you continue with the crosswalk?

Dennis – No.

HP – Our preference, then, is to get a crosswalk with all the history, then, even the inactive histories. Everyone we've ever had, so that we can make that across the board, and we'll always have that link for everyone.

Dennis – so even if they are not active you want to see that on the crosswalk, even the terminated ones that we're converting for you.

HP – As I understand it, you're doing all your history.

Dennis – yes.

HP – We would like to get our plan history as well. If you can't do it by plan, we'll take whatever you can get us.

Dennis – Ok.

HP – Can you put that in writing what the IS04 field was for, just so we put it down correctly?

Dennis – Yes. Lori will put that out in the minutes for us.

ACTION ITEM (A-834-00401) Write to Health Plans concerning IS04 fields in Member ID Change 834.

CJ – On the crosswalk, the 834 process, can you tell me how you're going to generate it to insure our plans' information is getting to us? We don't get an 834, so will we get multiples some time?

Lori – What would your preference be? Would it be acceptable if we made you a copy of what we provided to each of your Health Plans, or would a single crosswalk be significantly more efficient?

CJ – Our preference would be to get one file.

Dennis – We'll see what we can do.

ACTION ITEM (A-834-00402) Review How to accommodate 834 Member ID changeover for ADHS/BHS.

HP – What is the timeframe on the timeline to generate the new member IDs? Not the new Members, but the re-issue for the new ID numbers.

Dennis – We'll create the files on the same day we create the IDs. That will go out to the vendor the same day. I understand that 2 or 3 days later they create it and mail out the ID. We're not holding off, it will be part of the regular cycle.

Lori – The vendor is aware they will get a large influx of ID Card requests.

HP – It was stated earlier that AHCCCS was going to generate all the new cards and send them out. Currently IPA does their own ID cards for DESDD.

Dennis – that would be a separate process.

HP – Will you be notifying the members, then?

Dennis – My understanding is they will be getting a letter with the new AHCCCS ID card explaining we had to change them due to the Arizona Statute change. We'll have to check that with member services.

ACTION ITEM (A-834-00403) Will a letter be sent to the members explaining the ID change?

HP – What type of provider communications is taking place? If the members have a new ID, but uses the old ID, or if the provider has on file the old number and uses that, and they're generating claims with the old member IDs. Is there any communications?

Lori – They will be including notification of this in the Claims Clues. Obviously, that will not eliminate the use of the old ID. Really, what the law states is that AHCCCS can't use the SSN as a member ID. So, as long as we've made our best effort to get those IDs, so they aren't the primary ID, the member can still choose to use the old ID. Hopefully, when the member gets the new card, they will throw the other away.

Dennis – You can still use the ID, since it is the second ID in the system. It will accept it, it will be linked.

Lori – They will get clarification in the Claims Clues, but that's a remittance effort. If you don't have someone getting the remittance, it may take longer, several months.

Dennis – From what I see, they can use either ID. They do that now, they enter a SSN, and it validates back with the AHCCCS ID or the SSN. It works now, so they can put it in either way, and it will work.

HP – If the head of household has an ID, as well, and it is the SSN, will the head of household get a new ID?

Dennis – We're going to change them all. It will be changed also, even if the individuals already have AHCCCS IDs.

BBA (Dennis Koch)

This has been running in production for the last month. Some people had their email address changed on them, and had a little problem. If you haven't got verification back from us, please contact us. The encounter cycle starts this weekend. Someone should be getting an email every day indicating which files are still sitting in the system unverified. Please check with that person to make sure they received an email with zero files listed, to make sure you got all your files and they're into the system.

TPL Verification Project (Dennis Koch)

That went in. I think we've finally got the file from PCG on Monday or Tuesday, and the initial analysis says we should have with the first notification file, and you should be having files out there by today. If there are any other issues on the TPL notification, please let me know.

Other (Dennis Koch)

Month end went well, went fairly quickly, only late by a few hours.

Action Items/Other (Lori Petre)

We followed up on a lot of those. Verifying that the latest version of the U277 is out on the website. Dick Azzi verified that he had posted the version he received most recently to the website. I am not necessarily in agreement that it is the latest version available, so Dick is trying to track down the one I remember. If it isn't the same as what's on the website. We will let you know.

Dennis spoke to the issue of whether we could do a separate 834 in regards to the Member ID changes. He explained why we couldn't do so and what we are going to do instead. We will document that response. We spoke to Healthcare Group who indicated they were just doing crosswalks and no 834s.

We verified something will be communicated to the providers and in this instance it will be in the form of Claims Clues regarding the AHCCCS Member ID change.

We sent out a meeting invitation to the key contacts for this group to a call on October 12, 2004, regarding Claims Attachments. Some of you attended a previous audio-cast on that; this is the second one of those. Everyone is invited to attend. This is something we will continue to pay for and offer to everyone to participate. If you have any questions, please let Mary Kay McDaniel or me know. Although I will not be here, Mary Kay will make sure everyone has everything they need.

Also, an email has been sent out concerning the BBA handling. Tom Forbes wants everyone to know that you no longer have to drop the BBA files just as you would any other file; you no longer have to put them in a separate place. You can put them where you put the rest of your 837 or encounter test files.

I sent another email on Tom Forbes' behalf regarding a change related to the Arizona early intervention program. This will change one of the loops on the 834. If there are any questions concerning that, please let us know. Next week is Tom's last week, so please let us know quickly.

Dennis – I have a question for the Health Plans. Were you notified of the co-pay change from \$5 to \$1 on non-emergency services? Did anyone see this on your 834s? I received a ticket today from one of the Health plans regarding the copay change on the 10/1/2004 834 from \$5 to \$1 on non-emergency services. That is true; it was changed for October 1st. Was anyone notified of this at the Health Plans?

HP – We didn't get it, it caused errors on ours.

Dennis – That is a legitimate change. I will track down what happened to the notification on that. If you see that, it is correct.

ACTION ITEM (A-834-00404) Track down errors caused by copay changes for non-emergent services on 834

HP – That's non-emergency use of the ER, or just ER?

Dennis – It has non-emergency and ER both in there. I'm not sure whether one was simply an abbreviation of the other. I will find out and let Lori know. She will send out an email to everybody. If you do receive a \$1 co-pay, the \$1 co-pay is correct. They moved it from \$5 to \$1. I will track and see whether there were notifications being sent out regarding that change.

Encounters 837/277U (Lori Petre)

There is nothing definitive back on the solution to handling the large files. I know its something Dennis talked about with his staff this morning. We expect something in the next few days. We'll get the consensus on the process out to everybody in the email in the next few days. We appreciate everybody who emailed back to me your preferences or the things you needed in your particular systems that would be helpful.

We are continuing to test the 837 and U277 as you send them in.

HP – I wanted to get final clarification on the 837P Encounters, whereas in the past it was proprietary single encounter per line per claims. Then, when we go to void the encounter, we need only send one void encounter back, as opposed to send the individual encounters to void each line.

Lori – The question is on an 837 Professional Encounter, if you submit multiple lines and you need to void, can you void at the Header? Is that the summation? According to Mike, that is correct.

HP – On the 277 Supplemental files, on the T9 trailer record, the transmission submitter number field, it was blank for a while. I've sent two emails that contain APIPA or Healthplan Identification number. I

submitted it by mail in April, and a couple in September. I have not gotten a response if that was resolved.

Lori – We'll check on that. The question is on the U277 T9 trailer record the transmission submitter ID was blank.

HP – Another issue on the same T9 the file type code field the value according to the specifications should be "AE," Adjudicated Encounter, but we received "SU," which I don't know what it stands for.

Lori – Mike is aware of that. We'll follow up on those and let everyone know.

HP – We're having another issue with the 837 Dental Encounters. Our group submits our test files, but we're not getting our Health Plan CRNs back on the void and adjudicated file.

Mike – I believe that's the one Ted was working on.

Linda Stubblefield – I'm testing that.

Lori – Linda has that for retest. Since it passed retest, it should be out there for everyone. This has just been in the last couple days. It should be corrected. If you still see that error, please let us know. But Linda confirms the retest from our side.

HP – On ambulance transports, there is a CRC segment that has to go at the header level or the line level. I just want to determine where you want to see that? Its part of the line charges on the claim for the transport, and that requires the mileage, the CRC segment, the CR1. Is it required at the header and the line, both places, or how does it come across?

Lori – We'll check on that and send something back to you.

ACTION ITEM (A-837-00406) Notify the Health Plans whether the CRC segment for ambulance transport claims is required at the header, or the line level, or both.

HP – We also have the same issue with missing CRN on our NCPDP test files.

Lori – That should be resolved as well.

HP – We sent an email about this issue, the 1000a and 2330b segment that was supposed to match and they're not matching. The requirements for them are different. One of them is supposed to have a mode identifier added on the end of it. So they can't match.

Lori – We'll take a look at it.

ACTION ITEM (A-NCP-00407) Verify whether loops 1000a and 2330b are supposed to match and use a mode identifier code.

HP – We also have an issue with Group Pay-to. At the group, a lot of times they don't have an AHCCCS ID. But the servicing provider does have an AHCCCS ID. We sent an example about a week ago to Brent. I'd like to find out how that is.

HP – They have a tax ID, but they don't have an AHCCCS ID. You're requiring both on the 837.

Carrie Stamos – In many instances the SSN matched the servicing provider ID.

HP – We're more concerned that the AHCCCS ID is not on for the group.

Lori – It sounds like Carrie has that in hand and is working on it.

ACTION ITEM (A-837-00408) Verify if the Group Provider is required to have an AHCCCS ID when the Svc Provider has one

HP – If we have a claim that has a mix of approved lines and denied lines that we are submitting as an adjudicated encounter with a payer loop. We are getting edited, some of them were approved and some were not. Is that correct?

Lori – If they have denied and approved lines in the same claim form, you understand that they would need to separate that claim form into two.

Lydia – That would be my understanding.

Lori – We will verify that with Brent.

HP – Because it is not HIPAA compliant to have to split out a claim into two different files.

ACTION ITEM (A-837-00409) Verify if a claim has denied and approved lines in the same file, must it be broken out into two?

Lori – We will make a note of that, follow up and get back to you.

HP – Are you talking about if it's a UB claim and some of the lines are accepted and paid?

HP – This was a 1500 professional.

Lori – We're talking about a 1500 professional where certain lines are paid and certain lines are not paid.

NCPDP (Lori Petre)

We are continuing to test. Attached to your package are a couple of things we need to go over quickly. These will be sent to you electronically. The first handout has a email attached to the top. This is the most up-to-date NCPDP 3.2 layout, with examples. The important thing is to know here that this is not the layout we are testing with you yet. They are completing the programming changes associated with this layout. I'm giving you a pre-notice that this what the layout will be changing to. Mike's staff are still completing the programming changes. If you send us a large amount in on one of the amount fields, for example, it will still be a problem. Mike's folks did give me a date, but I told them we wanted to be assured that it was the final date. I will email you something on Friday with the effective date of the layout. I want you to be aware this is coming. On Friday I will tell you the date we will begin accepting this. Mike was making some resource changes to make sure this got done effectively, and as quickly as possible.

This also includes ability to accept the DEA number as the prescribing provider.

Directly behind that, I wanted to share with you the Requirement Worksheet Mike's staff is working from. When I received it, I didn't know whether Brent had signed it yet, so it is still marked as "Draft." It does indicate the same things changing that the change log for the 3.2 log say. This is just to share with you the confirmation of that approach, and what Mike's staff will be doing to accommodate that.

ACTION ITEM (A-NCP-00410) Email Health Plans Effective Date for new 3.2 layout.

Directly behind that is a document, we've been telling you we would share with you for a while, because at this point CRS and BHS are the only ones who obtained this. This is the 5.1 layout, for those who choose to do the modified 5.1. If there are questions about this, please let us know. It is essentially formatted in the same way as the 3.2 documentation, and we're maintaining the change log the same way. This will also be distributed to you electronically.

HP – Just a quick note, looking at the 5.1 layout, the COB line, the order of the payer ID is different.

Lori – There is a reason for that, although I couldn't tell you off the top of my head. There has been extensive conversation about that with Mary Kay. We will follow up and clarify.

ACTION ITEM (A-NCP-00411) Verify why the payer ID on the COB line of 5.1 is different.

HP – Speaking of the 3.2 file, has the cutover date been finalized to any extent?

Lori – my understanding is that it is still an open issue. We will revisit it again in the November meeting, or Shelli and Brent will get something out before. We are making an assessment of what kinds of encounter enhancements are still outstanding and which of those do they want to have in place before they give you another mandatory date. They are not quite finished with that assessment. We will give you a status in the next meeting. What I was told most recently was it is still a date sometime in the future. You will be given ample notice prior to that date.

ACTION ITEM (A-NCP-00412) Status on NCPDP proprietary file cut off date

HP – Going back to the TPL Project. Early on we were getting input that a Master Carrier file would be like a phase 2. As late as last week, however, we got an email that the Master Carrier file would be out in a week.

Lori – At the bottom of Kelly Gerard's email, sent out Friday, October 1, 2004, her last paragraph references that. It says, "We have not yet received the Master Carrier File from PCG." She anticipates getting it Monday. We will follow up and let everyone know. We will get it in, get it loaded, and generate something out to you from what Kelly said in her email.

ACTION ITEM (A-NCP-00413) Notify the Health Plans when the Master Carrier File for the TPL project will be available.

Upcoming Meeting/Suggested Meeting Topics (Lori Petre)

The next meeting is scheduled for Tuesday, November 9th. We are trying to cluster the meetings so they don't happen really late in the day. We do have the Outpatient Meeting and Consortium back on the same day, immediately preceding or following one another, so that if you want to participate in both, it is easier for you to do so.

Thank you for attending! We'll get you out a little earlier.

APPENDIX – ACTION ITEMS

Issue/Action #	From Consortium	Assigned to	Description and Resolution	Status
A-834-00400	10/6/2004	Dennis Koch	<p>On the AHCCCS Elimination we'll be sending out a file. If you look at the hand-out, old ID, new ID, Name, Gender and Date of Birth. We'll be sending out a flat file for everyone. If you have any questions on that, that's what its going to look like.</p> <p>HP – We have a question about the rate code.</p> <p>Dennis – I'll see if we can add that. I'm not sure how complex that is, but I'll check to see if we can add the rate code on.</p>	Open – Awaiting info
A-834-00401	10/6/2004	Lori Petre	<p>Dennis – There were some of you who wanted the ID changes to not be sent on an 834 on the same day. Unfortunately, we can't do that. What we will do is on the segment IS-04, the Maintenance Reason code, we'll put an XT, which I don't think is being used. On the Add/Delete, we'll put in an XT. You can do whatever you want from that perspective.</p> <p>The question was whether we can remove the AHCCCS ID changes from the daily 834 when we run our converter process. Although we can't do that, we can mark these records with an XT maintenance reason code so that you can do coding around it for the 834.</p> <p>HP – Can you put that in writing what the IS-04 field was for, just so we put it down correctly?</p>	Open – Awaiting info
A-834-00402	10/6/2004	Dennis Koch	<p>Review how to accommodate ADHS/BHS for crosswalk purposes.</p> <p>CJ – On the crosswalk, the 834 process, can you tell me how you're going to generate it to insure our plans' information is getting to us? We don't get an 834, so will we get multiples some time?</p> <p>Lori – What would your preference be? Would it be acceptable if we made you a copy of what we provided to each of your Health Plans, or would a crosswalk be significantly more efficient?</p> <p>CJ – Our preference would be to get one file.</p> <p>Dennis – We'll see what we can do.</p>	Open – Awaiting Info
A-834-00403	10/6/2004	Dennis Koch	<p>Will a letter be sent to the members explaining the ID change?</p> <p>Dennis – The question earlier was when the ID cards will be created. They will be created the same time we're doing the conversion. So the cards will go to the vendor to be created the same day the IDs are changed.</p> <p>HP – Will you be notifying the members, then?</p> <p>Dennis – My understanding is they will be getting a letter with the new AHCCCS ID card explaining we had to change them due to the Arizona Statute change. We'll have to check that.</p>	
A-837-00406	10/6/2004	Lori Petre	<p>Notify the Health Plans whether the CRC segment for ambulance transport claims is required at the header, or the line level, or both.</p> <p>HP – On ambulance transports, there is a CRC segment that has to go at the header level or the line level. I just want to determine where you want to see that? Its part of the line charges on the claim for the transport, and that requires the mileage, the CRC segment, the CR1. Is it required at the header and the line, both places, or how does it come across?</p>	Open – Awaiting info

A-NCP-00407	10/6/2004	Brent Ratterree	<p>HP – We sent an email about this issue, the 1000a and 2330b segment that was supposed to match and they're not matching. The requirements for them are different. One of them is supposed to have a mode identifier added on the end of it. So they can't match.</p> <p>Lori – We'll take a look at it.</p>	Open – Awaiting info
A-837-00408	10/6/2004	Brent Ratterree	<p>HP – We also have an issue with Group Pay-to. At the group, a lot of times they don't have an AHCCCS ID. But the servicing provider does have an AHCCCS ID. We sent an example about a week ago to Brent. I'd like to find out how that is.</p> <p>Lori – The question is some group pay-to examples where the group themselves do not have an AHCCCS ID and how do we handle that?</p> <p>HP – They have a tax ID, but they don't have an AHCCCS ID. You're requiring both on the 837.</p> <p>Jerry – In many instances the SSN matched the servicing provider ID.</p> <p>HP – We're more concerned that the AHCCCS ID is not on for the group.</p> <p>Lori – It sounds like Jerry has that in hand and is working on it.</p> <p><i>Original Message From: Ratterree, Brent Sent: Thursday, October 07, 2004 6:16 PM</i> <i>A few additional columns were added to your spreadsheet. When group billing providers do not have group AHCCCS IDs you may use the service provider ID and location code in the secondary provider identifier field. Make certain that you use the provider's location code that is linked to the group billing tax ID.</i></p>	Closed
A-837-00409	10/6/2004	Brent Ratterree	<p>Verify if a claim has denied and approved lines in the same file, must it be broken out into two?</p> <p>HP – If we have a claim that has a mix of approved lines and denied lines that we are submitting as an adjudicated encounter with a payor loop. We getting line edited, some of them were approved and some were not. Is that correct?</p> <p>Lori – If they have denied and approved lines in the same claim form, you understand that they would need to separate that claim form into two.</p> <p>Lydia – That would be my understanding.</p> <p>Lori – We will verify that with Brent.</p> <p>HP – Because it is not HIPAA compliant to have to split out a claim into two different files.</p>	Open – Awaiting info
A-NCP-00410	10/6/2004	Lori Petre	<p>Email Health Plans Effective Date for new 3.2 layout. This is the most up-to-date NCPDP 3.2 layout, with examples. The important thing is to know here that this is not the layout we are rolling out to you yet. They are completing the programming changes associated with this layout. I'm giving you a pre-notice that this what the layout will be changing to. Mike's staff are still completing the programming changes. If you send us a larger field on one of the amount field, for example, it will still be a problem. Mike's folks did give me a date, but I told them we wanted to be assured that it was the correct date. I will email you something on Friday with the effective date of the layout. We are not ready anything yet, but I want you to be aware this is coming. On Friday I will tell you the date we will begin accepting this. Mike was making some resource changes to make sure this got done effectively, and as quickly as possible.</p>	Open – Awaiting info

A-NCP-00411	10/6/2004	Mary Kay McDaniel	<p>Directly behind that, we've been telling you we will share with you for a while, because at this point CRS and BHS are the only ones who obtained this. This is the 5.1 layout, for who do choose to do the modified 5.1. If there are questions about this, please let us know. It is essentially formatted in the same way, and we're maintaining the change log the same way. This will also be distributed to you electronically.</p> <p>HP – Just a quick note, looking at the 5.1 layout, the COB line, the order of the payer ID is different.</p> <p>Lori – There is a reason for that, although I couldn't tell you off the top of my head. There has been extensive conversation about that with Mary Kay.</p>	Open – Awaiting info
A-NCP-00412	10/6/2004	Brent Ratterree	<p>HP – Speaking of the 3.2 file, has the cutover date been finalized to any extent?</p> <p>Lori – my understanding is that it is still an open issue. We will revisit it again in the November meeting, or Shelli and Brent will get something out before. We are making an assessment of what kinds of encounter enhancements are still outstanding and which of those do they want to have in place before they give you another mandatory date. They are not quite finished with that assessment. We will give you a status in the next meeting. What I was told most recently was it is still a date sometime in the future. You will be given ample notice prior to that date.</p>	Open – awaiting info
A-NCP-00413	10/6/2004	Lori Petre	<p>Notify the Health Plans when the Master Carrier File for the TPL project will be available.</p> <p>HP – Going back to the TPL Project. Early on we were getting input that a Master Carrier file would be like a phase 2. As late as last week, however, we got an email that the Master Carrier file would be out in a week.</p> <p>Lori – The question is on the TPL project, it was indicated a Master Carrier File would be available. At the bottom of Kelly Gerard's email, sent out Friday, October 1, 2004, her last paragraph references that. It says, "we have not yet received the Master Carrier File from PCG." She anticipates getting it Monday. We will follow up and let everyone know.</p>	Open – Awaiting Info